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ABSTRACT

Intimacy exists when there is an open sharing of feelings, thoughts, and activities. Most men, because of their sex role socialization, have difficulty in establishing intimate relationships with men or women. The socialized value of competition, along with the barriers of homophobia, aversion to openness, and lack of role models, are major obstacles to intimacy faced by men. Men's difficulty in being intimate implies that counselors of men must establish intimacy in the therapeutic encounter in order for counseling to be effective. If the male client has difficulty with intimacy, the task of the counselor is magnified because many problems that men face are based on their inability to be intimate. Counselors should help men to resolve this significant issue during therapy and enrich their lives with intimacy. (Author/NRB)

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Men And Intimacy: Implications For The Counseling Psychologist

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Footnote

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Men and Intimacy: Implications For The Counseling Psychologist

Therapy has the potential for being a powerful interaction. A major component of its power resides in the intimacy between client and therapist. Intimacy is an interpersonal quality exemplified by the free expression of feelings and thoughts. The level of intimacy achieved will depend on the personalities involved, the setting for therapy, and the client's problem.

Men and Intimacy

Intimacy plays a strong role in therapy for men because they frequently seek therapy when their relationships break down. These breakdowns may involve an inability to create or maintain intimate interactions. In therapy men often have to learn how to develop intimacy. The growth of intimacy between client and therapist is important for the therapy to proceed and for the client to learn how to develop intimacy. Men have difficulty with intimacy because the male role has created a negative attitude toward it and an attendant inability to achieve it (O'Neil, 1979).

Male relationships do not often approach the level of intimacy that we have been lead to believe that they do (Goldberg, 1976). On the contrary, it appears that men usually lack the kind of close interplay of emotions and thoughts that would encourage intimacy in their relationsihps. Males who are free to be intimate reveal themselves easily, without fear of rejection

or judgment. However, since most men have been raised to be suspicious and competitive this causes intimacy to develop slowly if at all. Many men, often without being aware of it, are deeply in need of intimate relationships but are frustrated by their inability to develop such interactions. Therapy provides a place where the client can enjoy intimacy and develop the ability to become intimate with others.

According to Lewis (1978) there are four barriers to intimacy between men. They are competition, homophobia, aversion to vulnerability and openness, and lack of role models. These barriers are also present with women except for homophobia, of course. These roadblocks appear during therapy and create difficulty in the therapeutic encounter. They also provide a potential focus for therapy. If these boundaries can be examined and overcome the man will gain much of what he wanted from therapy. For example, the elements which destroy a man's marriage often involve his unwillingness to tolerate his wife's being competent (competitiveness), his inability to share his thoughts and feelings (aversion to openness), and the poor models of married men in his life (lack of role models). This coupled with the ignorance of how to effect intimacy frequently guarantees the failure of marriages. If intimacy can be established between client and therapist, and the client understands how that happened and that he can do the same outside of therapy even though he has avoided it before, he has learned something valuable for marital life.

The counselor also has barriers to intimacy. Male counselors have the same barriers as clients. In addition, they have limits set up by professional experience. As an example, counselors may use openness as a defense. Female counselors do not have the same barriers to intimacy as male counselors but they have others, some of which have to do with sexuality. Because males confuse intimacy and sexuality the female counselor must be clear with the client that the establishment of intimacy is not an invitation to sexuality and that even though there may be some sexual elements in their interaction, a sexual encounter will not result.

Intimacy, Power, and Pain

Intimacy in counseling men is closely attached to two other qualities of the therapeutic relationship: power and pain. All these qualities are in a dynamic interactive state. If there is a need for intimacy with low power needs and much hurt, intimacy can be established quickly and therapy will progress rapidly. When intimacy is established pain will surface and power will become less of an issue. If a great deal of pain is present in the client it will cause him to be resistant to establishing an intimate relationship with the therapist. Power can become an important issue in this case and the development of intimacy will be slowed by both the power struggle and the need of the client to deny his pain. When the client's power needs are high, intimacy is very slow to develop. Confronting the client's pain will not occur until intimacy is present.

Intimacy with Men in Therapy

Because most men are raised to avoid intimacy (Lewis, 1978) they avoid feelings of closeness to the therapist. In order to promote intimacy I must communicate my willingness with my verbal and non-verbal behavior. One client of mine, Allen, was a college student who desperately wanted an intimate relationship with a male but was frightened of it at the same time. His high school counselor, had helped him, had also used him sexually. He felt betrayed. My response was to go very slowly, to make clear that I was not going to have a sexual relationship with him but that I was willing to be emotionally intimate with him. Our relationship deepened and therapy progressed.

It is important to encourage intimacy in the therapy relationship because many, if not most men, need this as a remediative and learning experience. Fostering intimacy in therapy takes strength and willingness to risk on the part of the therapist. Therapists must be willing to touch their own pain and turmoil and use it to reach the client's conflicts and needs. The therapist risks the pain that is experienced as another person is touched on a powerful level. The therapist will also feel the hurt of separation at termination. If intimacy occurs, pain too occurs, and most of us, especially the men, are not ready to experience that. Graduate school and professional contacts are structured to diminish the possibility of establishing intimacy. Thus again we learn to attempt escaping it. Unless we can get past our own limits we will have problems touching our client's need for intimacy.

I have learned that I cannot force intimacy upon anyone and that with some men it will not develop. If this is the case, the therapy may not reach great depths and may be confined more to behavior change and cognitive understanding rather then emotional growth and personality change. There is no question that successful therapy can be conducted for many of our clients without establishing an intimate bond with them. The client may need intimacy but fight it so actively that it simply cannot be established. If this is the case referral or limited goals need to be considered. One client, with whom I have worked on and off for several years, desperately needs an intimate bond with a male. However, he is so terrified of it and so ignorant of how to develop intimacy with anyone that creating such a relationship is simply impossible. Therefore, I have confined my efforts to helping him with self esteem so that he can make productive life choices. He is a severely maimed man but right now not ready for the creation of an intimate relationship.

Two clients stand out in my mind in terms of the establishment of intimacy. I have worked with both of them in the last year. They are both successful professionals in their mid-thirties. They meet all the YAVIS qualities but they have qualities beyond that which has helped them greatly. They are both willing to take risks, to express the gentle part of themselves, to show their feelings, to be hurt, to ask for help (from another man), to acknowledge that they need nurturance, and to give up the deeply socialized urge to compete with another man. Each came because of deteriorating relationships with women.

One is married and the other single. Intimacy between us occurred quickly. This intimacy was encouraged by their deprivation of closeness with their fathers. This deprivation created a corresponding need, of which they were not aware, to be close to men. The therapeutic relationships grew and became very solid. One is still going on. The one which ended did so after the client had dissolved his unhappy relationship and found another woman with whom he could be close. They have since married and, I assume, are living happily ever after. The other client is still working on restoring his sense of self and developing a satisfying relationship with a woman he has met. As our intimacy ripens he seems better able to grasp what being intimate with this woman can and does mean.

In my professional life as a therapist those from whom I have learned the most and gained the most are the ones with whom I have been intimate. My great teachers and models have been my intimates. I have learned things from others, but for sustained and continuous learning and growth it is those with whom I have entered an intimate relationship that have given me the most. And I have given to them.

Conclusion

Intimacy is an essential quality in the life of a male. Therapists would do well to attempt to establish intimacy in therapy and teach their clients how to do it for themselves outside of therapy. As males we are raised to shun intimacy or to confuse it with sexuality. The observant, astute, and risk-taking therapist can help us to overcome those obstacles and deepen and enrich our lives.

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